

07-21-2003 07:54 From:

APPLICATION FOR A SEWER USE PERMIT

INDUSTRIAL P.006/035 E-569
8110 8115 8120 8205
AUG 11 2003

SECTION A 120-1673

1. Company Name: Flexo Craft Prints
2. Permit Number if applicable: _____
3. Location: 1000 First Street
Harrison, New Jersey Zip Code: 07029
4. Mailing Address: Same
Zip Code: _____
5. Person to contact concerning information provided in this application:
Name of Contact Official: Dov Klein
Title: Plant Manager Phone No.: 973-482-7200
Address: Same Zip code: _____
6. Number of Employees - Full Time: 95 Part Time: 15
Number of Work Days Per Year: 300
Number of Shifts Per Day: 2
7. If property is owned indicate block and lot number(s): Block 86, Lot 1C

Assessed Value: \$3,841,000
8. If property is rented indicate name and address of owner: N/A

Total square feet rented: _____
9. List NJPDES Permit Number if applicable, N/A and
Name of receiving Body of Water entered N/A

07-21-2009 07:56 From-

T-044 P 007/035 F-569

WATER DATA

10. Water Source: (Circle all appropriate answers)

Purchased ☒ Y - ☐ N
 Well Y - ☒ N If Y, is it metered Y - N
 River Y - ☒ N If Y, is it metered Y - N

11. Name of purchased water supplier: Town of Harrison Water DepartmentList all Account #'s: 05-002-022-312. Water Received: From Mo. 12 Yr. 01 Through Mo. 12 Yr. 02

(* Next to a figure means it is estimated).

	<u>PURCHASED</u>	<u>WELL</u>	<u>RIVER</u>	<u>TOTAL</u>
1 st Qtr.	59,840	----	----	59,840
2 nd Qtr.	44,880	----	----	44,880
3 rd Qtr.	194,480	-----	-----	194,480
4 th Qtr.	201,960	----	----	201,960

GRAND TOTAL 501,160

Report in gallons

13. Water Use and Disposition (*Next to a figure means it is estimated).

	Gallons Sanitary/Combined Sewer	Discharged Stormwater/River/ Ditch	Gallons Used Other
Sanitary service only	425,000*	N/A	
Process waste water	73,660*	N/A	
Cooling water	N/A	N/A	
Evaporation			
Contained in the product			
Other (describe)			

GRAND TOTAL 501,160

SECTION B (continued)

14. Process wastewater which is discharged as above is metered as follows:

To the Separate Sanitary Sewer Y - N
To the Combined Sewer ☒ - N
To the Storm Sewer Y - N
River or Ditch Y - N

15. Waste hauler information: List all firms and/or independent contractors used to remove process waste or sludge from this facility.

Contractor	Address	Icc #	Waste type handled
N/A			

SECTION C**OPERATIONAL CHARACTERISTICS**

16. Discharge of Industrial Waste is continuous No
or intermittent Yes each operating day.

If the discharge is intermittent, it occurs between the following hours: 7am to midnight

17. Brief description of Manufacturing or other activity performed: Printing on paper.

List SIC CODE #: 2759

18. Principal Raw Materials used: _____

19. Principal Products or Services: Printed gift wrap paper.

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23. Volume Information:

<u>Outlet</u>	<u>Daily Flow (Gallons)</u>	<u>Metered (Y - N)</u>	<u>Type</u>	<u>Date</u>
1	250	N	N/A	4/30/03

24. Frequency of calibration of each flow meter: N/A25. **Attach plot plan of the property showing:**

- (a) all existing or proposed sewer and drain lines (including outlets to a storm sewer, river or ditch);
- (b) sample point(s); Monitoring or Pretreatment Equipment; Incoming meter(s); Well meter(s); Internal meter (s); Flowmeter(s).
- (c) details of the connection(s) to the municipal (or PVSC) sewer, including the distance and direction of each connection from the nearest street intersection.

SECTION EANALYSIS OF INDUSTRIAL WASTE

26. Analysis for Industrial Waste must be a proper sample taken for each outlet.

OUTLET NO. 1

Report to the nearest unit: XX. Except where indicated with (1) Example: 15 mg/l			Report to the nearest hundredth: 0.XX Except where indicated Example: 0.36 mg/l		
Code	Parameter	Value	Code	Parameter	Value
0200*	Radioactivity (PL-1)		1097*	Antimony (Sb)	
0500	Total Solids	2251	1002*	Arsenic (As)	
0505	Volatile Solids	1516	1022*	Boron (B)	
0530	Total Suspended Solids	160	1027	Cadmium (Cd)	0.004
0540	Volatile Suspended Solids	6.4	1034*	Chromium Total (Cr)	
0555	(1)(3) Petroleum Hydrocarbons	75.2	1042	Copper (Cu)	0.621 mg/l 0.44
0310	Biochemical Oxygen Demand (BOD)	342	1045*	Iron (Fe)	
			1051	Lead (Pb)	0.005
0340	Chemical Oxygen Demand (COD)	452	0720*(3)	Cyanide (Cn)	0.04
			1900	Mercury (Report to 0.XXX)	0.0002
0680	Total Organic Carbon (TOC)	11.1	1067	Nickel (Ni)	0.01
			1147*	Selenium (Se)	
9000	pH(standard unit range)	7.38	1077*	Silver (Ag)	
0610	(1) Ammonia as N	293	1102*	Tin (Sn)	
0550	(1)(3) Total Oil & Grease	7	1092	Zinc (Zn)	0.242 mg/l 1.4
0745*	(1) Sulfide		2730	Phenol	0.26
0507*	(1) Ortho Phosphates as P		4053*	Pesticides (Report to 0.XXX)	
0625*	(1) Kjeldahl N as N				
9998*	(2)(3) TTO (Report to 0.XXX)		9999*(3)	TTVO (Report to 0.XXX)	

FOOTNOTES:

- (1) Report results to the nearest tenth, i.e., 1.6 mg/l.
- (*) Analyze for this if reasonably expected to be present in the discharge unless otherwise exempted.
- (2) See instructions.
- (3) Grab sample required

Rev: 1/87
8/89
7/90
9/94
8/95
11/95
07/98

07-21-2003 08:02 From-

T-044 P.012/035 F-569

Samples collected by: Flexo CraftDate: 4/16/03Sample analyzed by: Complete Analysis Laboratories, Inc. Date: 4/30/03Products being manufactured when sample was collected: Gift Wrap27. Who performs the analyses of the samples for User Charge? Complete Analysis Laboratories, Inc.28. Is the Laboratory certified by NJDEP to conduct all the analyses? Y - N Y29. Who performs the analyses of the samples for the Pretreatment Parameters?
Complete Analysis Laboratories, Inc.

If monitoring has not commenced for Pretreatment, indicate Laboratory you plan to use. If unknown, so state:

N/A

30. Is the Laboratory certified by NJDEP to conduct all the required Pretreatment analyses?

Y - N Y

31. Based upon knowledge of materials and processes used at this facility check the appropriate box that best describes the potential that a Priority Pollutant, listed on Tables 1,2 & 3 is present in your discharge.

PRETREATMENT

32. Industrial Category: Printing
Subpart (s): N/A
33. Compliance date(s): N/A
34. Is facility in compliance? N/A If not, and if compliance date has passed, explain actions being taken to get into compliance: _____

35. Date Baseline Monitoring Report (BMR) submitted to PVSC: N/A
36. Compliance schedule submitted: N/A
If yes is facility on schedule? _____ Explain if compliance date will not be met: _____

37. Does this facility come under the Resource Conservation and Recovery Act (RCRA)?
If yes, describe Yes NJR000005363
38. Does this facility have a Spill Prevention Control and Countermeasures (SPCC) plan?
If yes, describe No
39. Has NJDEP or EPA ever cited this facility for a violation of State or Federal Regulations for the nature of its wastewater discharge? Y - N N
40. Is this facility under an ISRA Clean up? No If so, has a plan been approved by NJDEP: _____

Is there any plan to discharge groundwater?
No

07-21-2003 08:04 FICR-

T-044 P.014/035 F-569

The information contained in this application is familiar to me and, to the best of my knowledge and belief, such information is true, complete and accurate.

If the applicant is a corporation, a corporate resolution is attached granting me the authority to sign the application on behalf of the corporation.

Name of signing official: Dov Klein

Print Name

TITLE: Plant Manager

8/4/03
DATE

[Signature]
SIGNATURE

*APPLICATION MUST BE SIGNED BY ONE OF THE FOLLOWING:

- a. Principal Officer of Corporation
- b. President or Owner of Company
- c. General Partner if a Partnership
- d. Plant Manager or Authorized Representative

TABLE 1 EPA PRIORITY POLLUTANTS**CHECK APPROPRIATE BOX**

NAME	A	B	C	D		A	B	C	D
Acenaphthene				✓	2,4 dimethylphenol				✓
acrolein				✓	2,4 dinitrotoluene				✓
acrylonitrile				✓	2,6 dinitrotoluene				✓
benzene				✓	1,2 diphenylhydrazine				✓
benzidine				✓	ethylbenzene				✓
carbon tetrachloride				✓	fluoranthene				✓
(tetrachloromethane)				✓	4-chlorophenyl phenyl ether				✓
chlorobenzene				✓	4-bromophenyl phenyl ether				✓
1,2,4-trichlorobenzene				✓	bis(2-chloroisopropyl) ether				✓
hexachlorobenzene				✓	bis(2-chloroethoxy) methane				✓
1,2 dichloroethane				✓	methylene				✓
1,1,1 trichloroethane				✓	chloride(dichloromethane)				✓
hexachloroethane				✓	methyl chloride				✓
1,1,dichloroethane				✓	(chloromethane)				✓
1,1,2 trichloroethane				✓	methyl bromide				✓
1,1,2,2 tetrachloroethane				✓	(bromomethane)				✓
chloroethane				✓	bromoform(tribromomethane)				✓
bis(chloromethyl) ether				✓	dichlorobromomethane				✓
Bis(2 chloroethyl) ether				✓	trichlorofluoromethane				✓
2-chloroethyl vinyl ether mixed				✓	dichlorodifluoromethane				✓
2-chloronaphthalene				✓	chlorodibromomethane				✓
2,4,6, trichlorophenol				✓	hexachlorobutadiene				✓
parachlorometa cresol				✓	hexachlorocyclopentadiene				✓
Chloroform (trichloromethane)				✓	isophorone				✓
2 chlorophenol				✓	naphthalene				✓
1,2, dichlorobenzene				✓	nitrobenzene				✓
1,3, dichlorobenzene				✓	2-nitrophenol				✓
1,4, dichlorobenzene				✓	4-nitrophenol				✓
3,3, dichlorobenzidine				✓	2,4-dinitrophenol				✓
1,1,dichloroethylene				✓	4,6 dinitro-o cresol				✓
1,2 trans-dichloroethylene				✓	N-nitrosodimethylamine				✓
2,4,dichlorophenol				✓	N-nitrosodiphenylamine				✓
1,2, dichloropropane				✓	N-nitrosodi-n-propylamine				✓
1,3, dichloropropylene				✓	pentachlorophenol				✓
(1,3 dichloro propene)				✓	phenol				✓

- A. KNOWN TO BE PRESENT
 B. SUSPECTED TO BE PRESENT
 C. KNOWN TO BE ABSENT
 D. SUSPECT TO BE ABSENT

07-21-2009 08:08 From-

T-044 P.016/095 F-569

CHECK APPROPRIATE BOX

NAME	A	B	C	D		A	B	C	D
bis(2-ethylhexyl) phthalate				✓	endrin				✓
butylbenzylphthalate				✓	endrin aldehyde				✓
di-n-butylphthalate				✓	heptachlor				✓
di-n-octylphthalate				✓	heptachlor (epoxide)				✓
diethylphthalate				✓	BHC Alpha				✓
dimethylphthalate				✓	BHC Beta				✓
benzo(a)anthracene				✓	BHC Gamma				✓
benzo(a)pyrene				✓	BHC Delta				✓
3,4 benzofluoranthene				✓	PCB1242				✓
benzo(k) fluoranthene				✓	PCB1254				✓
chrysene				✓	PCB1221				✓
acenaphthylene				✓	PCB1232				✓
anthracene				✓	PCB1248				✓
benzo(ghi)perylene				✓	PCB1260				✓
fluorene				✓	PCB1016				✓
phenanthrene				✓	toxaphene				✓
dibenzo (a,h) anthracene				✓	antimony (total)				✓
indeno (1,2,3-c,d) pyrene				✓	arsenic (total)				✓
pyrene				✓	asbestos (fibrous)				✓
tetrachloroethylene				✓	beryllium (total)				✓
toluene				✓	cadmium (total)				✓
trichloroethylene				✓	chromium (total)				✓
vinyl chloride				✓	copper (total)	✓			✓
aldrin				✓	cyanide (total)				✓
dieldrin				✓	lead (total)				✓
chlordan				✓	mercury (total)				✓
4,4 DDT				✓	nickel (total)				✓
4,4, DDE				✓	selenium (total)				✓
4,4, DDD				✓	silver (total)				✓
endosulfan I				✓	thallium (total)				✓
endosulfan II				✓	zinc (total)		✓		✓
endosulfan sulfate				✓	2,3,7,8, tetrachlorodibenzo				✓
				✓	p-dioxin				✓

- A. KNOWN TO BE PRESENT
 B. SUSPECTED TO BE PRESENT
 C. KNOWN TO BE ABSENT
 D. SUSPECT TO BE ABSENT

07-21-2003 08:09 From-

T-044 P.017/035 F-569

TABLE 4 INDEX EXPANDED PRIORITY POLLUTANTS**CHECK APPROPRIATE BOX**

NAME	A	B	C	D		A	B	C	D
acrylamide				✓	n,n-dimethyl aniline				✓
amitrole				✓	3,3-dimethyl benzidine				✓
amyl alcohols				✓	1,1-dimethylhydrazine				✓
aniline hydrochloride				✓	dioxane				✓
anisole				✓	diphenylamine				✓
auramine				✓	ethylenimine				✓
benzotrithloride				✓	hydrazine				✓
benzylamine				✓	4,4-methylene bis				✓
					(2-chloroaniline)				✓
o-chloroaniline				✓	4,4-methylenedianiline				✓
m-chloroaniline				✓	methyl isobutyl ketone				✓
p-chloroaniline				✓	alpha-naphthylamine				✓
1-chloro-2-nitrobenzene				✓	beta-naphthylamine				✓
1-chloro-4-nitrobenzene				✓	n-methylaniline				✓
chloroprene				✓	1,2- phenylenediamine				✓
chrysoidine				✓	1,3- phenylenediamine				✓
cumene				✓	1,4-phenylenediamine				✓
2,3-dichloroaniline				✓	sudan 1 (solvent yellow 14)				✓
2,4-dichloroaniline				✓	thiourea				✓
2,5-dichloroaniline				✓	toluene sulfonic acids				✓
3,4-dichloroaniline				✓	toluidines				✓
3,5-dichloroaniline				✓	xylidines				✓
1,3-dichloropropene				✓					
1,3-dimethoxybenzidine				✓					

- A. KNOWN TO BE PRESENT**
B. SUSPECTED TO BE PRESENT
C. KNOWN TO BE ABSENT
D. SUSPECT TO BE ABSENT

CHECK APPROPRIATE BOX

NAME	A	B	C	D		A	B	C	D
acetaldehyde				✓	isopropanolamine				✓
allyl alcohol				✓	kelthane				✓
allyl chloride				✓	kepone				✓
amyl acetate				✓	malathion				✓
aniline				✓	mercaptodimethur				✓
benzonitrile				✓	methoxychlor				✓
benzyl chloride				✓	methyl mercaptan				✓
butyl acetate				✓	methyl methacrylate				✓
butylamine				✓	methyl parathion				✓
captan				✓	mevinphos				✓
carbaryl				✓	mexacarbate				✓
carbofuran				✓	monoethylamine				✓
carbon disulfide				✓	monomethylamine				✓
chlorpyrifos				✓	naled				✓
coumaphos				✓	naphthenic acid				✓
cresol				✓	nitrotoluene				✓
crotonaldehyde				✓	parathion				✓
cyclohexane				✓	phenolsulfonate				✓
2,4-D (2,4-dichlorophenoxy)				✓	phosgene				✓
acetic acid				✓	propagrite				✓
diazinon				✓	propylene oxide				✓
dicamba				✓	pyrethrins				✓
dichlobenil				✓	quinoline				✓
dichlone				✓	resorcinol				✓
2,2-dichloropropionic acid				✓	strontium				✓
dichlorvos				✓	strychnine				✓
diethylamine				✓	styrene				✓
dimethylamine				✓	2,4,5-T (2,4,5-trichloro- phenoxy acetic acid)				✓
dinitrobenzene				✓	TDE (tetrachloro- diphenylethane)				✓
diquat				✓	2,4,5-TP 2(2,4,5- trichlorophenoxy				✓
disulfoton				✓	trichlorofon				✓
diuron				✓	triethylamine				✓
epichlorohydrin				✓	trimethylamine				✓
					propanoic acid				✓

- A. KNOWN TO BE PRESENT
 B. SUSPECTED TO BE PRESENT
 C. KNOWN TO BE ABSENT
 D. SUSPECT TO BE ABSENT

07-21-2009 08:13

From-

T-044 P.019/035 F-569

TABLE 3 EPA HAZARDOUS SUBSTANCES (continued)**CHECK APPROPRIATE BOX**

<u>NAME</u>	<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>		<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>
ethanolamine				✓	uranium				✓
ethion				✓	vanadium				✓
ethylene diamine				✓	vinyl acetate				✓
ethylene dibromide				✓	xylene				✓
formaldehyde				✓	xlenol				✓
furfural				✓	zirconium				✓
guthion				✓					
isoprene				✓					

- A. KNOWN TO BE PRESENT
 B. SUSPECTED TO BE PRESENT
 C. KNOWN TO BE ABSENT
 D. SUSPECT TO BE ABSENT

07-21-2003 06:14 From-

T-044 P.020/035 F-569

The following questionnaire must be completed and submitted by all industrial and tax-exempt users making application for a SEWER USE PERMIT. The purpose of this questionnaire is to identify the correct name of the applicant for service of process and the individual to be contacted in the event of an emergency.

SECTION ONE

(To be completed by all applicants)

NAME OF APPLICANT: State the complete name of the organization applying for a SEWER USE PERMIT ("Permit"), as it appears on the certificate of incorporation, charter, by-laws, partnership agreement or other official document which establishes the name of the applicants (if no such document exists, state the name the business uses):

Flexo Craft Prints

Name of Applicant

TRADE NAME: Identify all trade names and/or fictitious names that the organization will utilize at the location(s) for which this Permit application is made.

Flexo Craft Prints

Trade Name/Fictitious Name

BUSINESS ORGANIZATION: Please check the appropriate box:

- | | |
|---|--|
| <input type="checkbox"/> Sole proprietorship | <input type="checkbox"/> Trust |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Joint Venture |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Non-Profit Corporation |
| <input checked="" type="checkbox"/> Corporation | <input type="checkbox"/> Limited Liability Company |
| <input type="checkbox"/> Other (describe) | |

EMERGENCY CONTACT PERSON: In the event of an emergency, provide the name, address and telephone number of the person(s) the PVSC can contact:

Name: Mr. Dov KleinStreet Address: 1000 First StreetCity, State & Zip Code: Harrison, NJ 07029Business Telephone: 973-482-7200Emergency Telephone: 646-261-3805

07-21-2003 08:16 From:

T-044 P.021/035 F-569

(To be completed only by Corporations and Limited Liability Companies)

REGISTERED AGENT: Identify the name and address of the Corporation's Registered Agent:Name: Joe BarattaCompany Name: Baratta & GoldsteinStreet Address: 597 Fifth AvenueCity, State & Zip Code: New York, NY 10017212-750-9700**DATE AND PLACE OF INCORPORATION/FORMATION:** Identify the state where the corporation/LLC was organized and the date on which the Certificate of Incorporation/Formation was filed:State: New YorkDate: 1979**DATE AUTHORIZED IN NEW JERSEY:** If other than a New Jersey corporation/LLC, state the date on which the corporation/LLC received a Certificate of Authority to Transact Business in New Jersey (and attach copy).Date: 1995**SECTION THREE**

(To be completed only by Partnerships or Joint Ventures)

FORM OF PARTNERSHIP: Check One.☐ General partnership☐ Limited Partnership**PARTNERS:** Identify (by name, residence address, business address and daytime telephone number) each partner or joint venture. (attach additional sheets if necessary):

Name: _____

Street Address: _____

City, State & Zip Code: _____

Name: _____

Street Address: _____

City, State & Zip Code: _____

Aug-08-03 09:36am From-Flexo-Craft Prints

1973482 9574

T-834 P.001/002 F-668

FROM : PLEASANT HILL CONSULTANTS
07-21-2003 06:17 From-

FAX NO. : 9739279269

Aug. 07 2203 01:46PM P2
T-844 P.022/095 F-689

(This section to be completed only if the business concern is organized in a form other than a sole proprietorship, corporation, partnership or joint venture—such as a trust or association)

FORM OF BUSINESS ORGANIZATION: Describe how the business entity is organized and under what legal authority it was established.

CERTIFICATION

(All applicants must sign and date the following certification)

I hereby certify the answers supplied in the foregoing **SUPPLEMENTAL SEWER USE PERMIT APPLICATION QUESTIONNAIRE** are true. I am aware that if any of the foregoing responses are willfully false, I am subject to punishment.

Dated: 8/8/03Signature 

Dov Klein, Plant Manager

Print Title & Position

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Received Aug-07-03 02:26pm

From-9739279269

To-Flexo-Craft Prints

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SUPPLEMENTAL SEWER USE APPLICATION QUESTIONNAIRE

The following questionnaire must be completed and submitted by all industrial and tax-exempt users making application for a SEWER USE PERMIT. The purpose of this questionnaire is to identify the correct name and address of the applicant and all individuals and entities owning 10% or more of the applicant. This will assist the PVSC by providing necessary information for service of notices, bills and other documents upon the applicant, for service of process as well as the individual to be contacted in the event of an emergency.

BY SIGNING THIS APPLICATION THE APPLICANT IS ACKNOWLEDGING ITS CONTINUING OBLIGATION TO UPDATE THE INFORMATION CONTAINED IN THIS QUESTIONNAIRE. SPECIFICALLY THE APPLICANT UNDERSTANDS THAT IT SHALL NOTIFY THE PVSC WITHIN THIRTY (30) DAYS OF ITS ENTERING INTO A CONTRACT OR AGREEMENT TO TRANSFER ITS CAPITAL STOCK AND/OR 50% OR MORE OF ITS ASSETS. THE APPLICANT SHALL LIKEWISE INFORM THE PVSC, ON A CONTINUING BASIS, OF ALL INDIVIDUALS OR ENTITIES OWNING 10% OR MORE OF THE CAPITAL STOCK OR ASSETS OF THE CORPORATION AND ANY INDIVIDUAL OR ENTITY ENTITLED TO RECEIVE MORE THAN 10% OF THE NET PROFITS OF THE APPLICANT.

FAILURE TO NOTIFY THE PVSC OF ANY CHANGES IN THE CORPORATE STRUCTURE, OWNERSHIP OR PLANNED TRANSFER OF OWNERSHIP WITHIN 15 DAYS OF ITS OCCURRENCE SHALL BE DEEMED A VIOLATION OF THE SEWER USE PERMIT, THE RULES AND REGULATIONS OF THE PVSC AND N.J.S.A. 58:14-1 et. seq.

SECTION ONE

(To be completed by all applicants)

NAME OF APPLICANT: State the complete name of the organization applying for a SEWER USE PERMIT ("Permit"), as it appears on the certificate of incorporation, charter, by-laws, partnership agreement, trust or other official document which establishes the name of the applicant (if no such document exists, state the name the business uses):

Flexo Craft Prints

Name of Applicant

TRADE NAME: Identify all trade names, names under which the applicant will be doing or soliciting business and/or fictitious names that the organization will utilize at the location(s) for which this Permit application is made.

Flexo Craft Prints

Trade Name/Fictitious Name

2 of 13

BUSINESS ORGANIZATION: Please check the appropriate box:

- | | | | |
|-------------------------------------|---------------------|--------------------------|---------------------------|
| <input type="checkbox"/> | Sole Proprietorship | <input type="checkbox"/> | Trust |
| <input type="checkbox"/> | Partnership | <input type="checkbox"/> | Joint Venture |
| <input type="checkbox"/> | Limited Partnership | <input type="checkbox"/> | Non-Profit Corporation |
| <input checked="" type="checkbox"/> | Corporation | <input type="checkbox"/> | Limited Liability Company |
| <input type="checkbox"/> | Other (describe) | | |

EMERGENCY CONTACT PERSON: In the event of an emergency, provide the name, address and telephone number of the person(s) the PVSC can contact:

Name: Mr. Dov Klein

Street Address: 1000 First Street

City, State & Zip Code: Harrison, NJ

Business Telephone: 973-482-7200 Emergency Telephone: 646-261-3805

PAST NAMES OF APPLICANT. List all names under which the applicant has done business or held itself out to the public as doing business in the past. Include names of division, and "trading as," "doing business as," fictitious, or informal name.

<u>Name</u>	<u>From (Year)</u>	<u>To (Year)</u>
N/A		

APPLICANT'S FORMER FACILITIES IN NEW JERSEY. List all locations, including office, in the State of New Jersey at which the applicant formerly operated any aspect of its business, and any location at which such a business was owned or operated by any predecessor of the applicant, or by any owner, partner, director, officer, key employee or stockholder holding 10% or more of the applicant's equity.

<u>Address</u>	<u>Type of Facility</u>	<u>From To (years)</u>	<u>NJDEP regis. No. and or USEPA I.D.</u>
N/A			

APPLICANT'S FACILITIES IN OTHER JURISDICTIONS. List all locations in any state, including offices, districts or territory of the United States other than New Jersey, or in any foreign country, at which the applicant is currently operating any aspect of its business.

<u>Address</u>	<u>Telephone</u>	<u>Type of facility</u>	<u>USEPA LD. and/or any permits (nos. and name of issuing agency)</u>
N/A			

SECTION TWO

(To be completed only by Corporations and Limited Liability Companies)

REGISTERED AGENT: Identify the name and address of the Corporation's Registered Agent:

Name: Joe Baratta

Company Name: Baratta & Goldstein

Street Address: 597 Fifth Avenue

City, State & Zip Code: New York, NY 10017

Telephone: 212-750-9700
(Area Code)

DATE AND PLACE OF INCORPORATION/FORMATION: Identify the state where the corporation/LLC was organized and the date on which the Certificate of Incorporation/Formation was filed:

State/Country: New York/USA

Date: 1979

Certificate of Incorporation No.: _____

Copy of certificate of incorporation attached? Yes No

DATE AUTHORIZED IN NEW JERSEY: If other than a New Jersey corporation/LLC, state the date on which the corporation/LLC received a Certificate of Authority to Transact Business in New Jersey (and attach copy).

Date: 1995

07-21-2003 06:23 From-

T-044 P.026/035 F-569

OFFICERS. List the following information as to each Officer of the corporation. Use additional copies of this section as necessary.

Name: Mendel Klein Telephone: 973-482-7200

Business address: 1000 First St., Harrison, NJ 07029

<u>Office held</u>	<u>Date took office</u>	<u>Date of birth</u>
<u>President</u>	<u>1979</u>	<u></u>

Name: Dov Klein Telephone: 973-482-7200
(area code)

Business address: same as above

<u>Office held</u>	<u>Date took office</u>	<u>Date of birth</u>
<u>Vice President</u>	<u>1995</u>	<u></u>

DIRECTORS. List the following information as to each Director of the corporation. Use additional copies of this section as necessary.

Name: Abraham Klein Telephone: 973-482-7200
(area code)

Business address: same as above

<u>Office held</u>	<u>Date took office</u>	<u>Date of birth</u>
<u>Vice President</u>	<u>1995</u>	<u></u>

Herschel Klein
Vice President 973-482-7200

07-21-2003 06:24 FROM-

T-044 P.027/035 F-569

FORMER OFFICERS AND DIRECTORS: List the following information as to each person who was an Officer or Director of the corporation at any time during the last 10 years and is not listed in the responses above. Use additional copies of this section, as necessary.

Name and last known address:

Position held	From	To (month/year)	Date of birth
_____	_____	_____	_____

SECTION THREE

(To be completed only by Corporations and Limited Liability Companies)

List all persons and/or entities holding a 10% or greater ownership, equity, beneficial or other interest in the Applicant along with the addresses and telephone #. Use additional copies of this section as necessary.

Name: See officers _____

Street Address: _____

City, State & Zip Code: _____ Bus. Phone _____

Name: _____

Street Address: _____

City, State & Zip Code: _____ Bus. Phone _____

If any of the persons and/or entities listed above is a corporation or Limited Liability Corporation, for each such corporation provide all information requested in Section Two of this Questionnaire.

SECTION FOUR

(To be completed only by Partnerships or Joint Ventures)

Provide a copy of the partnership or joint venture agreement of applicant.

Copy attached? ☐ Yes ☐ No

07-21-2003 08:25 From-

T-044 P.028/035 F-569

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TYPE OF ASSOCIATION:

Check One:

☐ General Partnership☐ Limited Partnership☐ Joint Venture

GENERAL PARTNERS OR JOINT VENTURERS. List the following information as to each partner or joint venturer. Use additional copies of this section, as necessary. If a limited partnership, list limited partners separately under the heading "limited partners."

Name: _____

Street Address: _____

City, State & Zip Code: _____

Telephone: _____

Name: _____

Street Address: _____

City, State & Zip Code: _____

Telephone: _____

LIMITED PARTNERS. List the following information as to each limited. Use additional copies of this section as necessary.

Name: _____

Street Address: _____

City, State & Zip Code: _____ Telephone: _____

Name: _____

Street Address: _____

City, State & Zip Code: _____ Telephone: _____

07-21-2003 08:26 From-

T-044 P.029/035 F-568

FORMER PARTNERS/JOINT VENTURERS. List the following information as to all prior partners (general and limited) and joint venturers of the applicant during the past 10 years that are not listed above. Use additional copies of this section as necessary.

Name: _____
 Street Address: _____
 City, State & Zip Code: _____ Telephone: _____
 Dates during which individual was a partner: _____

Name: _____
 Street Address: _____
 City, State & Zip Code: _____
 Telephone: _____ Telephone: _____
 Dates during which individual was a partner: _____

If any of the persons and/or entities listed above is a corporation or Limited Liability Corporation, for each such corporation provide all information requested in Section Two of this Questionnaire.

SECTION FIVE

(This section to be completed only if the business concern is organized in a form other than a sole proprietorship, corporation, partnership or joint venture—such as a trust or association)

FORM OF BUSINESS ORGANIZATION: Describe how the business entity is organized and under what legal authority it was established.

Type (trust, trade association; estate; etc.)

Copy attached? Yes No

07-21-2003 08:28 From-

T-044 P.030/035 F-569

OWNERS, OFFICERS, TRUSTEES, CONTROLLING PARTIES, ETC. List the following information as to each person who owns, controls or is an officer or trustee of the Applicant. If any owner, officer, trustee, or controlling party listed below shall be a corporation, limited liability corporation, or partnership (general or limited liability), the Applicant shall supply the information requested in Sections Two, Three and Four as applicable. Use additional copies of this section as necessary.

Name: _____

Street Address: _____

City, State & Zip Code: _____ Telephone: _____

Name: _____

Street Address: _____

City, State & Zip Code: _____ Telephone: _____

SECTION SIX

CIVIL VIOLATIONS HISTORY (To be completed by all applicants)

The following questions concern civil violations of environmental protection laws and regulations. In this section, the term "you" refers to the applicant identified in SECTION I, and to any of the following:

- a. Any predecessor firm, or any previous name under which the applicant operated.
- b. Subsidiaries: Any business in which the applicant holds 25% of equity or debt liability.
- c. Sister companies: Any business in which the applicant's parent company holds more than 10% of the equity or debt liability.
- d. Any corporation of which the Applicant is a subsidiary.
- e. Any Officer, Director, Partner, or Joint Venturer of the applicant, and any business concern owned or controlled by any such individual.

Provide a response in each section. Each item pertains to all of the entities and individuals listed above. If an answer is None or the item is not applicable, write "None" or "N/A". A question left unanswered will not be presumed "Not applicable" or "None" - THE FORM WILL BE DEEMED INCOMPLETE.

As used below, the term "law or regulation pertaining to protection of the environment" includes laws and regulations relating to the discharge, treatment, storage, processing, recycling or disposal of industrial waste or hazardous waste and any others relating to water and air pollution, discharge of hazardous substances and treatment of hazardous materials. It includes regulations of the Passaic Valley Sewerage Commissioners ("PVSC"), N.J. DEP, the U.S. EPA, the N.J. DOT, and the U.S. Department of Transportation.

07-21-2003 08:30 From-

T-044 P.031/035 F-569

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A. NEW JERSEY VIOLATIONS NOTICES. List and explain all Summonses, Notices of Violation, Notices of Prosecution, Administrative Orders and Actions, civil complaints, settlements, Judicial or Administrative Consent Orders, or Notices of Intent to Deny or Revoke any license or permit, or similar notices, issued to you within the past 10 years by the PVSC, New Jersey Department of Environmental Protection (DEP) or United States Environmental Protection Agency. Attach additional sheets if necessary.

Name of
entity cited: Flexo Craft

7/10/03
12/03/02
Date 10/01/02
Issued: _____

Address of
alleged violation: 1000 First Street, Harrison, NJ

Alleged violation: pH Monitoring, Copper, Type of
Zinc Exceedances. notice: NOV

Disposition & explanation: Open

Name of issuing agency: PVSC

Docket No.: _____

B. FEDERAL VIOLATION NOTICES. List and explain all Notices of Violation, Notices of Prosecution, Administrative Orders and Actions, civil complaints, or similar notices issued to you within the past 10 years by the U.S. Environmental Protection Agency or U.S. Department of Transportation for any alleged violation of any federal law or regulation pertaining to protection of the environment. Use additional copies of this section as necessary.

Name of
entity cited: N/A

Date
Issued: _____

Address of
alleged violation: _____

Alleged violation: _____

Type of
notice: _____

Disposition &
explanation: _____

Name of issuing agency: _____

Docket no.: _____

07-21-2003 08:31 From:

T-044 P.032/035 F-569

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C. NEW JERSEY MUNICIPALITIES AND COUNTIES. List and explain all Notices of Violation, Notices of Prosecution, Administrative Orders and Actions, Summonses, civil Complaints, Citations of any kind, and Notices of intent to Deny or Revoke a license or permit, or any similar notices issued to you within the past 10 years by any municipality or county in the State of New Jersey, for any alleged violation of any law or regulation pertaining to the protection of the environment, other than a motor vehicle or littering offense. Use additional copies of this section as necessary.

Name of entity cited: N/A Date Issued: _____

Address of alleged violation: _____

Alleged violation: _____ Type of notice: _____

Disposition & explanation: _____

Name of issuing agency: _____ Docket no.: _____

D. OTHER STATES AND FOREIGN COUNTRIES. List and explain all Notices of Violation, Notices of Prosecution, Administrative Orders and Actions, Summons, Civil Complaints, Citations of any kind, and Notices of Intent to Deny or Revoke a license or permit, or any similar notices issued to you within the past 10 years by any state other than the State of New Jersey or by any foreign country, for any alleged violation of any law or regulation pertaining to the protection of the environment, other than a motor vehicle or littering offense. Use additional copies of this section as necessary.

Name of entity cited: N/A Date Issued: _____

Address of alleged violation: _____

Alleged violation: _____ Type of notice: _____

Disposition & explanation: _____

Name of issuing agency: _____ Docket no.: _____

SECTION SEVEN

OTHER CIVIL COURT JUDGMENTS AND PENDING LITIGATION

(To be completed by all applicants)

A. OTHER JUDGMENTS. List and explain all judgments of liability in excess of \$25,000 rendered against the applicant in the past 10 years, starting with the most recent. Use additional copies of this section as necessary.

Title of case:	N/A	Docket No.:	
Name & location of court:		Date judgment entered:	
Nature of suit:		Amt./terms of judgment:	

B. PENDING SUITS. List and explain all civil suits in which the applicant is presently involved as a party plaintiff or defendant. Include matters involving resolution before arbitration boards. Use additional copies of this section as necessary.

Title of case:	N/A	Docket No.:	
Name & location of court:		Date Filed:	
Nature of suit:		Status:	

SECTION EIGHT**CRIMINAL CHARGES AND CONVICTIONS**

(To be completed by all applicants)

List all indictments, accusations, summonses, complaints, and information against the applicant for any crime, felony, misdemeanor, disorderly persons offense, petty disorderly persons offense or criminal violation

NOTE: You need not list convictions for any violation of Title 39 of the Revised Statutes (N.J.S.A.) or comparable motor vehicle offenses in jurisdictions other than New Jersey. Death by Auto or Vehicular Homicide is considered a criminal offense and must be listed under this item.

List convictions first. Use additional copies of this page as necessary.

Name of entity charged/convicted: N/A

Description of crime/offense charged: _____

Date Charged: _____

Jurisdiction Where Charged: _____

Indictment information,
Complaint No., indictment No. etc., _____

Disposition (if applicable,
sentence imposed): _____

Aug-08-08 08:37am From-Flexo-Craft Prints

1873482 9574

T-884 P 002/002 F-668

FROM : PLEASANT HILL CONSULTANTS

FAX NO. : 9739279269

Aug. 07 2003 01:47PM P3

07-21-2003 08:35 From-

1-044 P.085/085 F-668
13011**CERTIFICATION**

(All applicants must sign and date the following certification)

I hereby certify the answers supplied in the foregoing SUPPLEMENTAL SEWER USE PERMIT APPLICATION QUESTIONNAIRE are true. I am aware that if any of the foregoing responses are willfully false, I am subject to punishment.

Dated:


Signature

Dov Klein, Plant Manager

Print Title & Position

Received Aug-07-08 02:28pm

From-9739279269

To-Flexo-Craft Prints

Page 003

COMPLETE ANALYSIS LABORATORIES INC.



NJDEP Certified Laboratory No. 14964
973-335-CALI
FAX 973-335-0556

Mr. Mendel Klein
FLEXO CRAFT
1000 S. 1st St.
Harrison, NJ 07029

1259 Route 46, Building #4/C
Parsippany, NJ 07054-4909
EMAIL calilabs@earthlink.net

ANALYSIS REPORT

REPORT DATE: APRIL 30, 2003PROJECT NO: 39378PARAMETER : pHMETHOD NO.: 150.1SAMPLE: Liquid, sampled by customer on 4/15/03

LAB ID NUMBER	FIELD ID NUMBER	RESULT	ANALYSIS	
			Date	Time
39378.1	From Treat	7.38	4/16/03	13:40
39378.2	CW-City Water	8.33	4/16/03	13:40
39378.3	P. Prfly	6.96	4/16/03	13:40

Approved By:

Zvi Blank, Ph.D., CHMM
Laboratory Director

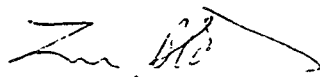
Mr. Mendel Klein
FLEXO CRAFT
1000 S. 1st St.
Harrison, NJ 07029

ANALYSIS REPORT

REPORT DATE: APRIL 30, 2003PROJECT NO: 39378LAB ID NO.: 39378.1Field ID No.: From TreatSAMPLE: Liquid, sampled by customer on 4/15/03

Parameter	Method Number	Results (mg/L)	Analysis		MDL (mg/L)
			Date	Time	
COPPER	200.7	0.621	4/30/03	9:05	0.003
ZINC	200.7	0.242	4/30/03	9:05	0.005

Submitted By:



Zvi Blank, Ph.D., CHMM
Laboratory Director



Mr. Mendel Klein
FLEXO CRAFT
1000 S. 1st St.
Harrison, NJ 07029

ANALYSIS REPORT

REPORT DATE: APRIL 30, 2003

PROJECT NO: 39378

LAB ID NO.: 39378.2

Field ID No.: CW-CITY WATER

SAMPLE: Liquid, sampled by customer on 4/15/03

Parameter	Method	Results (mg/L)	Analysis		MDL (mg/L)
	Number		Date	Time	
COPPER	200.7	0.0848	4/30/03	9:05	0.003
ZINC	200.7	0.0227	4/30/03	9:05	0.005

Submitted By:



Zvi Blank, Ph.D., CHMM
Laboratory Director



Mr. Mendel Klein
FLEXO CRAFT
1000 S. 1st St.
Harrison, NJ 07029

ANALYSIS REPORT

REPORT DATE: APRIL 30, 2003

PROJECT NO: 39378

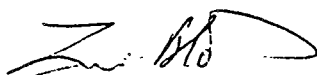
LAB ID NO.: 39378.3

Field ID No.: P.Prfv

SAMPLE: Liquid, sampled by customer on 4/15/03

Parameter	Method	Results (mg/L)	Analysis		MDL (mg/L)
	Number		Date	Time	
COPPER	200.7	0.0926	4/30/03	9:05	0.003
ZINC	200.7	0.190	4/30/03	9:05	0.005

Submitted By:



Zvi Blank, Ph.D., CHMM
Laboratory Director



CHAIN OF CUSTODY

COMPLETE ANALYSIS LABORATORIES, INC.

1259 ROUTE 46 BLDG. # 4

PARSIPPANY, NJ 07054-4909

PHONE: (973) 335-CALI

FAX: (973) 335- 0556

NJDEP LAB CERTIFICATION # 14964

PAGE 1 OF 1
(Lab use only) No. 34378DELIVERABLES:
(CIRCLE ONE) STD REDUCED FULL
OTHER (Specify) _____

CLIENT	FLEXO - CRAFT		
ADDRESS	1000 S. 1 st St.		
CITY	HARRISON		
STATE	NJ	ZIP	

CONTACT	MENDEL KLEIN	PHONE	973-482-7200 ^{x107}
PROJECT	34378		
SAMPLER	name Jacob	sign	
WITNESSED BY	name		

LAB ID	FIELD ID	SAMPLING DATE/TIME	M	T	No	P	ANALYSIS
34378.1	FAM TREAT	4/14/ 10 am	A	G	1		Copper, Zinc
34378.1	FAM TREAT	4/15 11 am	A	G	1		PH
34378.2	CW - City water	4/15 11 am	P	G	1		Copper, Zinc
34378.2	CW - "	4/15 11 am	P	G	1		PH
34378.3	T. PERFECT	4/14 3 PM	A	G	1		Copper, Zinc
34378.3	T. PERFECT	4/14 3 PM	A	G	1		PH
REMARKS	NOT FOR COMPLIANCE PURPOSES						

RELINQUISHED BY		RECEIVED BY		DATE	TIME	METHOD OF RELINQUISH.	RECEIVING ORGANIZATION
NAME	SIGNATURE	NAME	SIGNATURE				
J. J. J.		Z. Blank		4/16/03	11:20	VIA UPS	CALI

TURNAROUND TIME:		PRIORITY AUTHORIZATION:	
M = MATRIX	A - AQUEOUS - POTABLE WATER SL-SLUDGE SO - SOLID	S - SOIL	O - OIL X - OTHER
T = TYPE	C - COMPOSITE G - GRAB	No. = NUMBER OF CONTAINERS	
P = PRESERVATIVE	H ₂ - H ₂ SO ₄ Hn - HNO ₃ H - HCl N - NaOH A - ASCORBIC ACID C - COOL TO 4 °C		

SUP-CG-010 REV 4/96

4
3
2
1

